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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 08/475,136 06/07/1995 PAT 6,692,964
 which is a CIP of 08/435,095 05/04/1995 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/01/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 13	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature <i>David Deavitt</i> Initials <i>ML</i>				

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TITLE

Methods for transfecting T cells

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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